

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATIONFORM APPROVED
OMB NO. 0938-01

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 03-021	2. STATE Ohio
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medicaid	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 1/1/04	
5. TYPE OF PLAN MATERIAL (Check One):		

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: CFR 42 430.10	7. FEDERAL BUDGET IMPACT: It is estimated that the decrease due to the elimination of this service for Federal fiscal years '04 and '05 will be \$5,621,361. No budget impact is anticipated from other chiropractic change to the State Plan.
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT. Attachment 3.1-A Pre-Print Page 2 Item 6 Page 4 of 6	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Pre-Print Page 2 Item 6 Page 3 of 4 <i>Ohio (03-021)</i> <i>Approved: 02/04/04</i> <i>Effective: 01/01/04</i>
10. SUBJECT OF AMENDMENT: Medicaid Chiropractic Services The state plan has been amended to be consistent with OAC rule 5101:3-8-11, Covered Chiropractic Physician Services and Limitations.	

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
- ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Governor has
delegated signature to ODJFS Director.

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: Tom Hayes	Becky Jackson ODJFS/OHP
14. TITLE: Director	30 East Broad St., 27 th Floor Columbus, OH 43215-3414
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: <i>2/2/04</i>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>JANUARY 1, 2004</i>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Cheryl A. Harris</i>
21. TYPED NAME: Cheryl A. Harris	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health
23. REMARKS:	

RECEIVED

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DMCH - IL/IN/OH

State of Ohio

*new*ATTACHMENT 3.1-A
PRE-PRINT PAGE 2
ITEM 6, Page 4 of 6

6. Medical care and any other types of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by State law.

c. Chiropractor services – D.C.

FOR DATES OF SERVICE PRIOR TO JANUARY 1, 2004:

- Treatment by means of manual manipulation of the spine to correct a subluxation and a limited number of diagnostic radiology services.
- SERVICES LIMITED TO THOSE PERSONALLY PROVIDED BY A CHIROPRACTOR.
- CHIROPRACTIC IS LIMITED TO TREATMENTS ON 30 DATES OF SERVICES PER INDIVIDUAL PER 12 MONTH PERIOD.

FOR DATES OF SERVICE ON OR AFTER JANUARY 1, 2004:

- Treatment by means of manual manipulation of the spine to correct a subluxation and a limited number of diagnostic radiology services.
- SERVICES LIMITED TO THOSE PERSONALLY PROVIDED BY A CHIROPRACTOR.
- CHIROPRACTIC IS LIMITED TO TREATMENTS ON 30 DATES OF SERVICES PER INDIVIDUAL PER 12 MONTH PERIOD.
- CHIROPRACTIC SERVICES ARE NO LONGER COVERED FOR ADULTS TWENTY-ONE YEARS OF AGE AND OLDER, EXCEPT AS FOLLOWS:
 - (a) IF THE INDIVIDUAL IS ENROLLED IN A MEDICAID MANAGED CARE PLAN (MCP) AND THE MCP ELECTS TO CONTINUE TO COVER ADULT CHIROPRACTOR SERVICES; OR
 - (b) IF THE INDIVIDUAL IS COVERED UNDER MEDICARE, MEDICAID WILL CONTINUE TO PAY MEDICARE COST SHARING FOR CHIROPRACTOR SERVICES COVERED BY MEDICARE.

d. Other Practitioners' Services.

Mechanotherapy Services – D.M. or M.T.

MECHANOTHERAPIST SERVICES ARE LIMITED TO THE PROVISION OF COVERED PHYSICAL THERAPY SERVICES. SEE ITEM 6-11 OF ATTACHMENT 3.1-A.

TNS # 03-021	APPROVAL DATE FEB 02 2004
SUPERSEDES TNS # 90-38	EFFECTIVE DATE 10/12/90

OK